

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

*JAN 26 1934*  
*2091*  
*Gorg*

1953

**1. PLACE OF DEATH**

County *Morgan*  
Township *Blawers Creek*  
City *Stover*

Registration District No. *919*  
Primary Registration District No. *4551*

File No. \_\_\_\_\_  
Registered No. *164*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

*Thomas La Rue Fajen*

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>11/9/34</i>		
7. AGE YEARS _____	MONTHS _____	DAYS _____
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
10. Date deceased last worked at this occupation (month and year) _____		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Stover, Mo*

13. NAME *Cornelius Fajen*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Stover, Mo*

15. MAIDEN NAME *Mildred Meyer*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Colo Camp, Mo*

17. INFORMANT (ADDRESS) *Cornelius Fajen Stover Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Colo Camp* DATE *Jan 10, 1934*

19. UNDERTAKER (ADDRESS) *C.R. Rapp & Son Stover, Mo*

20. *Jan 10, 1934* *Paul Rippeger* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-9-1934*

22. I HEREBY CERTIFY, That I attended deceased from *1-9-1934* to *1-9-1934*

I last saw him alive on *1-9-1934*. Death is said to have occurred on the date stated above, at *2:30 P.M.*

The principal cause of death and related causes of importance were as follows:

*Infant*

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation *none* Date of \_\_\_\_\_  
What test confirmed diagnosis? *clinical* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

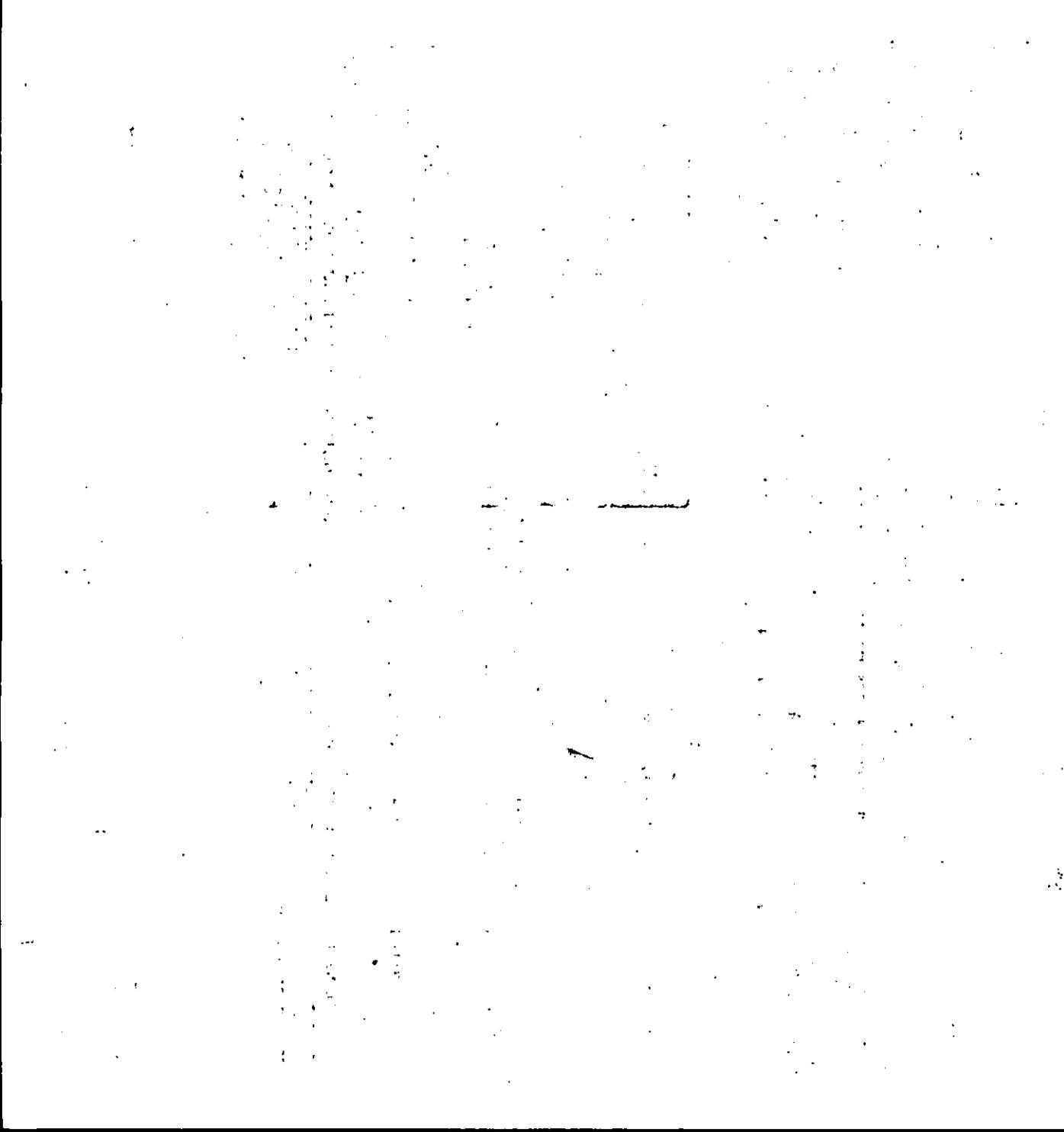
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *No*  
If so, specify \_\_\_\_\_

(Signed) *T. S. Riser*, M. D.

(Address) *Colo Camp Mo*



**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Morgan  
Township Stowers  
City Stowers (No. .... St. .... Ward)

Registration District No. 919  
Primary Registration District No. 4551

File No. 1953  
Registered No. 164

**2. FULL NAME**

Thomas La Rue Fajue

(a) Residence, No. .... St., .... Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

to ....., 19.....

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.

I last saw h..... alive on ....., 19..... Death is said

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year).....  
11. Total time (years) spent in this occupation.....

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Rate of onset

13. NAME

Other contributory causes of importance:

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Deficient  
Difficult labor  
Instrumental Delivery

15. MAIDEN NAME

16013

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation..... Date of.....

17. INFORMANT (ADDRESS)

What test confirmed diagnosis?..... Was there an autopsy?.....

18. BURIAL, CREMATION, OR REMOVAL

23. If death was due to external causes (violence), fill in also the following:

PLACE DATE 19.....

Accident, suicide, or homicide?..... Date of injury....., 19.....

19. UNDERTAKER (ADDRESS)

Where did injury occur?..... (Specify city or town, county, and State)

20. FILED June 10, 1934 W. L. Ripberger Registrar

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed)....., M. D.

(Address).....

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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